

Wound Care and Hyperbaric Medicine Referral Form

Please fax this form along with patient medical records, including labs, imaging reports, procedure reports, medication lists (including chemotherapy), insurance and patient demographics.

The fax number for your treatment facility can be found on the back page.

Reason for Wound Management and Hyperbaric Medicine referral:

Wound Management Hyperbarics Podiatry Ostomy Management Other _____

REFERRING PHYSICIAN INFORMATION:

Date Referred: _____ Referring Physician: _____

Phone: _____ Fax: _____

Primary Care Provider: _____

Phone: _____ Fax: _____

PATIENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

DESCRIPTION AND LOCATION OF WOUND:

SPECIAL CONSIDERATIONS:

Stretcher Hoyer-lift Ambulatory Wheel Chair Bound

Authorization: Requested/Pending Requested/Obtained Auth #: _____

For physician referral preference:

I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

Provider Signature Print Name NPI/MHHS ID. Date Time Contact No.

AM
 PM

MEMORIAL
HERMANN
Wound Care and
Hyperbaric Medicine
Referral Form



Memorial Hermann Cypress

27700 Northwest Frwy., Suite 170
Cypress, TX 77433
P: 346.231.6991
F: 346.231.6995
Monoplace chambers x 2

Memorial Hermann Greater Heights

Amputation Prevention Center and Wound Care and Hyperbarics
1635 N. Loop West
South Tower, First Floor
Houston, TX 77008
P: 713.867.2432
F: 713.867.2433
Ostomy Clinic Available
Monoplace chambers x 3

Memorial Hermann Memorial City

Amputation Prevention Center and Wound Care and Hyperbarics
920 Frostwood Dr.
Houston, TX 77024
P: 713.242.4325
F: 713.242.4330
Monoplace chambers x 4

Memorial Hermann Northeast

18960 N. Memorial Dr.
Humble, TX 77338
P: 281.540.6322
F: 281.540.7107
Ostomy Clinic Available
Monoplace chambers x 2

Memorial Hermann Pearland

10907 Memorial Hermann Dr.
Suite 420
Pearland, TX 77584
P: 713.413.5520
F: 713.413.5525

Memorial Hermann Rehabilitation Hospital-Katy

21720 Kingsland Blvd., Suite 102
Katy, TX 77450
P: 281.579.5542
F: 281.579.5558
Ostomy Clinic Available
Monoplace chambers x 4

Memorial Hermann Southeast

11914 Astoria Blvd., Suite 210
Houston, TX 77089
P: 832.658.5100
F: 832.658.5115
Monoplace chambers x 2

Memorial Hermann Southwest

7600 Beechnut St.
Medical Plaza 1
Houston, TX 77074
P: 713.456.6100
F: 713.456.5693
Monoplace chambers x 3

Memorial Hermann Sugar Land

17510 W. Grand Pkwy. South, Suite 560
Sugar Land, TX 77479
P: 281.725.5433
F: 281.725.5436
Monoplace chambers x 3

Memorial Hermann Texas Medical Center

6411 Fannin St.
200-Jones, Ground Floor
Houston, TX 77030
P: 713.704.5900
F: 713.704.5793
Multi-place chamber
Ostomy Clinic Available
Accepts critical care patients

Memorial Hermann The Woodlands Medical Center

920 Medical Plaza Dr., Suite 310
The Woodlands, TX 77380
P: 281.602.4830
F: 281.602.4849
Ostomy Clinic Available
Monoplace chambers x 2

